

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

**NORTHERN DISTRICT OF ILLINOIS**

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

**Official Form 101**

**Voluntary Petition for Individuals Filing for Bankruptcy**

**12/15**

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Carol**

First Name

**J**

Middle Name

**Loveless**

Last Name

Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

First Name

Middle Name

Last Name

Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

First Name

First Name

Middle Name

Middle Name

Last Name

Last Name

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

**xxx - xx - 6 3 8 2**

OR

**9xx - xx - \_\_\_\_\_**

**xxx - xx - \_\_\_\_\_**

OR

**9xx - xx - \_\_\_\_\_**

Debtor 1	<b>Carol</b> First Name	<b>J</b> Middle Name	<b>Loveless</b> Last Name	Case number (if known) _____
<b>About Debtor 1:</b>				
<b>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</b>		<input checked="" type="checkbox"/> I have not used any business names or EINs. <input type="checkbox"/> I have not used any business names or EINs.		
Include trade names and doing business as names		Business name	Business name	
		Business name	Business name	
		Business name	Business name	
		EIN _____	EIN _____	
		EIN _____	EIN _____	
<b>5. Where you live</b>				
<b>4518 W. 89th St</b>				
Number Street		Number Street		
<b>Hometown. IL 60456</b>				
City		State	ZIP Code	
<b>Cook</b>		City State ZIP Code		
County		County		
<b>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</b>				
<b>4518 W. 89th St</b>				
Number Street		Number Street		
<b>Hometown IL 60456</b>				
City		State	ZIP Code	
<b>Cook</b>		City State ZIP Code		
County				
<b>6. Why you are choosing this district to file for bankruptcy</b>				
<b>Check one:</b>				
<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)				
<input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)				

## Part 2: Tell the Court About Your Bankruptcy Case

<b>7. The chapter of the Bankruptcy Code you are choosing to file under</b>	<b>Check one:</b> (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.
	<input type="checkbox"/> Chapter 7
	<input type="checkbox"/> Chapter 11
	<input type="checkbox"/> Chapter 12
	<input checked="" type="checkbox"/> Chapter 13

Debtor 1 **Carol** **J** **Loveless** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known

**11. Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?  
 No. Go to line 12.  
 Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Name of business, if any

Number Street

\_\_\_\_\_

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?**

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

No  
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

Number Street

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1	<b>Carol</b>	<b>J</b>	<b>Loveless</b>	Case number (if known) _____
	First Name	Middle Name	Last Name	

### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

<p><b>15. Tell the court whether you have received briefing about credit counseling.</b></p> <p>The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.</p> <p>If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.</p>	<p><b>About Debtor 1:</b> <i>You must check one:</i></p> <p><input checked="" type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.</p> <p>Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.</p> <p><input type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.</p> <p>Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.</p> <p><input type="checkbox"/> I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.</p> <p>To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.</p> <p>Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.</p> <p>If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.</p> <p>Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.</p> <p><input type="checkbox"/> I am not required to receive a briefing about credit counseling because of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Incapacity.</b> I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.</li> <li><input type="checkbox"/> <b>Disability.</b> My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.</li> <li><input type="checkbox"/> <b>Active duty.</b> I am currently on active military duty in a military combat zone.</li> </ul> <p>If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.</p>	<p><b>About Debtor 2 (Spouse Only in a Joint Case):</b> <i>You must check one:</i></p> <p><input type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.</p> <p>Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.</p> <p><input type="checkbox"/> I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.</p> <p>Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.</p> <p><input type="checkbox"/> I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.</p> <p>To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.</p> <p>Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.</p> <p>If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.</p> <p>Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.</p> <p><input type="checkbox"/> I am not required to receive a briefing about credit counseling because of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Incapacity.</b> I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.</li> <li><input type="checkbox"/> <b>Disability.</b> My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.</li> <li><input type="checkbox"/> <b>Active duty.</b> I am currently on active military duty in a military combat zone.</li> </ul> <p>If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.</p>
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Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  
 No. Go to line 16b.  
 Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  
 No. Go to line 16c.  
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer or business debts.

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17. Are you filing under Chapter 7?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

No. I am not filing under Chapter 7. Go to line 18.  
 Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes

18. How many creditors do you estimate that you owe?

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. How much do you estimate your assets to be worth?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input checked="" type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. How much do you estimate your liabilities to be?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Carol J Loveless \_\_\_\_\_ **X** \_\_\_\_\_  
Carol J Loveless, Debtor 1 Signature of Debtor 2

Executed on 09/22/2016  
MM / DD / YYYY

Executed on \_\_\_\_\_  
MM / DD / YYYY

Debtor 1 **Carol** **J** **Loveless** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X /s/ Robert J. Adams & Associates**  
Signature of Attorney for Debtor

Date **09/22/2016**  
MM / DD / YYYY

**Robert J. Adams & Associates**  
Printed name

**Robert J. Adams & Associates**  
Firm Name

**901 W. Jackson, Suite 202**  
Number Street

**Chicago** **IL** **60607**  
City State ZIP Code

Contact phone **(312) 346-0100** Email address \_\_\_\_\_

**0013056** \_\_\_\_\_ State \_\_\_\_\_  
Bar number

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Carol	J	Loveless	
Debtor 2	First Name	Middle Name	Last Name
(Spouse, if filing)			
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 103A

**Application for Individuals to Pay the Filing Fee in Installments**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1: Specify Your Proposed Payment Timetable**

1. Which chapter of the Bankruptcy Code are you choosing to file under?

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

2. You may apply to pay the filing fee in up to four installments. Fill in the amounts you propose to pay and the dates you plan to pay them. Be sure all dates are business days. Then add the payments you propose to pay.

You must propose to pay the entire fee no later than 120 days after you file this bankruptcy case. If the court approves your application, the court will set your final payment timetable.

You propose to pay...

With the filing of the petition  
 On or before this date..... MM / DD / YYYY  
On or before this date..... MM / DD / YYYY  
On or before this date..... MM / DD / YYYY  
On or before this date..... MM / DD / YYYY

+ \_\_\_\_\_

Total

\_\_\_\_\_

\$0.00

<-- Your total must equal the entire fee for the chapter you checked in line 1.

**Part 2: Sign Below**

By signing here, you state that you are unable to pay the full filing fee at once, that you want to pay the fee in installments, and that you understand that:

- You must pay your entire filing fee before you make any more payments or transfer any more property to an attorney, bankruptcy petition preparer, or anyone else for services in connection with your bankruptcy case.
- You must pay the entire fee no later than 120 days after you first file for bankruptcy, unless the court later extends your deadline. Your debts will not be discharged until your entire fee is paid.
- If you do not make any payment when it is due, your bankruptcy case may be dismissed, and your rights in other bankruptcy proceedings may be affected.

X /s/ Carol J Loveless

Carol J Loveless, Debtor 1

X

Signature of Debtor 2

X /s/ Robert J. Adams & Associates

Robert J. Adams & Associates

Your attorney's name and signature, if you used one

Date: 09/22/2016  
MM / DD / YYYY

Date: \_\_\_\_\_  
MM / DD / YYYY

Date: 09/22/2016  
MM / DD / YYYY

**Fill in this information to identify the case:**

Debtor 1	<b>Carol</b> First Name	<b>J</b> Middle Name	<b>Loveless</b> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number (if known)			
Chapter filing under:	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13		

**Order Approving Payment of Filing Fee in Installments**

After considering the Application for Individuals to Pay the Filing Fee in Installments (Official Form 103A), the court orders that:

The debtor(s) may pay the filing fee in installments on the terms proposed in the application.  
 The debtor(s) must pay the filing fee according to the following terms:

**You must pay...**      **On or before this date...**

\_\_\_\_\_ Month / day / year

\_\_\_\_\_ Month / day / year

\_\_\_\_\_ Month / day / year

+ \_\_\_\_\_ Month / day / year

**Total**

_____
-------

Until the filing fee is paid in full, the debtor(s) must not make any additional payment or transfer any additional property to an attorney or to anyone else for services in connection with this case.

\_\_\_\_\_  
Month / day / year

**By the court:**

\_\_\_\_\_  
United States Bankruptcy Judge

Fill in this information to identify your case and this filing:

Debtor 1	<u>Carol</u> First Name	<u>J</u> Middle Name	<u>Loveless</u> Last Name
Debtor 2	(Spouse, if filing) <u>First Name</u> <u>Middle Name</u> <u>Last Name</u>		
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.  
 Yes. Where is the property?

1.1.

**4518 W. 89th Street, Hometown, IL  
60456**

**duplex  
Value, per Zillow.com**

County \_\_\_\_\_

**What is the property?**

Check all that apply.

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the  
entire property?      Current value of the  
portion you own?**

\$82,000.00      \$82,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple** \_\_\_\_\_

Check if this is community property  
(see instructions)

**Who has an interest in the property?**

Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

→ \$82,000.00

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

Debtor 1	<b>Carol</b> First Name	<b>J</b> Middle Name	<b>Loveless</b> Last Name	Case number (if known) _____
3.1.	<b>Who has an interest in the property?</b> Check one.			Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .
Make:	<b>Ford</b>			<input type="checkbox"/> Debtor 1 only
Model:	<b>Taurus</b>			<input type="checkbox"/> Debtor 2 only
Year:	<b>2001</b>			<input type="checkbox"/> Debtor 1 and Debtor 2 only
Approximate mileage:	<b>14,000</b>			<input checked="" type="checkbox"/> At least one of the debtors and another
Other information:				<b>Current value of the entire property?</b> <b>\$1,000.00</b>
<b>2001 Ford Tarus (approx. 140000 miles)</b>				<b>Current value of the portion you own?</b> <b>\$1,000.00</b>
<b>Client paid \$1,000 March 2016</b>				
4.	<b>Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories</b>			
<i>Examples:</i> Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
5.	<b>Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....</b>			
				→ <b>\$1,000.00</b>
<b>Part 3: Describe Your Personal and Household Items</b> <hr/>				
<b>Do you own or have any legal or equitable interest in any of the following items?</b>				<b>Current value of the portion you own?</b>
				<i>Do not deduct secured claims or exemptions.</i>
6.	<b>Household goods and furnishings</b>			
<i>Examples:</i> Major appliances, furniture, linens, china, kitchenware				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe..... _____				
7.	<b>Electronics</b>			
<i>Examples:</i> Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games				
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <b>5 room house</b> <b>\$300.00</b>				
8.	<b>Collectibles of value</b>			
<i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe..... _____				
9.	<b>Equipment for sports and hobbies</b>			
<i>Examples:</i> Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe..... _____				
10.	<b>Firearms</b>			
<i>Examples:</i> Pistols, rifles, shotguns, ammunition, and related equipment				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe..... _____				
11.	<b>Clothes</b>			
<i>Examples:</i> Everyday clothes, furs, leather coats, designer wear, shoes, accessories				
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe..... <b>Clothes</b> <b>\$400.00</b>				

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No  
 Yes. Describe.....

\_\_\_\_\_

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

No  
 Yes. Describe.....

\_\_\_\_\_

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No  
 Yes. Give specific information.....

\_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....**

**\$700.00**



**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes..... Cash: ..... **\$5.00**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes..... Institution name:

17.1. Checking account: **Checking account** **\$60.00**

17.2. Checking account: **Checking account with Marquett Bank** **\$400.00**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes..... Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them..... Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them..... Issuer name:

Debtor 1 **Carol** **J** **Loveless** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Type of account: Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes..... Institution name or individual:

**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description:

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \$0.00

State: \$0.00

Local: \$0.00

Debtor 1 **Carol** **J** **Loveless** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information

Alimony: **\$0.00**

Maintenance: **\$0.00**

Support: **\$0.00**

Divorce settlement: **\$0.00**

Property settlement: **\$0.00**

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information

\_\_\_\_\_

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value..... Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

No

Yes. Give specific information

\_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

\_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim.....

\_\_\_\_\_

**35. Any financial assets you did not already list**

No

Yes. Give specific information

\_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....** → **\$465.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

No  
 Yes. Describe..

\_\_\_\_\_

**39. Office equipment, furnishings, and supplies**

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No  
 Yes. Describe..

\_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

No  
 Yes. Describe..

\_\_\_\_\_

**41. Inventory**

No  
 Yes. Describe..

\_\_\_\_\_

**42. Interests in partnerships or joint ventures**

No  
 Yes. Describe..... Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**

No  
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
 No  
 Yes. Describe.....

\_\_\_\_\_

**44. Any business-related property you did not already list**

No  
 Yes. Give specific information.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....** → \$0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.**

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.  
 Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**47. Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

No  
 Yes....

\_\_\_\_\_

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_

**48. Crops--either growing or harvested**

No  
 Yes. Give specific information.....

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

No  
 Yes....

**50. Farm and fishing supplies, chemicals, and feed**

No  
 Yes....

**51. Any farm- and commercial fishing-related property you did not already list**

No  
 Yes. Give specific information.....

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....** → \$0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.

**Personal Injury Case pending**

**Attorney for client is Kathryn I. Conway, of Poer, Rogers & Smith, 70 W. Madison, 55th Floor, Chicago, IL 60602;**

**Value is unknown:**

**Debtor exempts \$15,000 and the balance of her personal property exemption of \$4,000**

**\$0.00**

**54. Add the dollar value of all of your entries from Part 7. Write that number here.....** → \$0.00

**Part 8: List the Totals of Each Part of this Form**

**55. Part 1: Total real estate, line 2.....** → \$82,000.00

**56. Part 2: Total vehicles, line 5** \$1,000.00

**57. Part 3: Total personal and household items, line 15** \$700.00

**58. Part 4: Total financial assets, line 36** \$465.00

**59. Part 5: Total business-related property, line 45** \$0.00

**60. Part 6: Total farm- and fishing-related property, line 52** \$0.00

**61. Part 7: Total other property not listed, line 54** \$0.00

**62. Total personal property. Add lines 56 through 61.....** \$2,165.00 Copy personal property total → \$2,165.00

**63. Total of all property on Schedule A/B. Add line 55 + line 62.....** \$84,165.00

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Fill in this information to identify your case:**

Debtor 1	<u>Carol</u>	<u>J</u>	<u>Loveless</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

**04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
--	--------------------------------------	-----------------------------------	------------------------------------

Brief description: \$1,000.00  \$1,000.00 **735 ILCS 5/12-1001(c)**

**2001 Ford Taurus (approx. 14000 miles)**  
**2001 Ford Tarus (approx. 140000 miles)**  
**Client paid \$1,000 March 2016**  
Line from *Schedule A/B*: 3.1

100% of fair market value, up to any applicable statutory limit

Brief description: \$300.00  \$0.00 **735 ILCS 5/12-1001(b)**

**5 room house**  
Line from *Schedule A/B*: 7

100% of fair market value, up to any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Additional Page**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: <b>Clothes</b>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(a), (e)</b>
Line from <i>Schedule A/B</i> : <u>11</u>			
Brief description: <b>Cash</b>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
Line from <i>Schedule A/B</i> : <u>16</u>			
Brief description: <b>Checking account</b>	<u>\$60.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
Line from <i>Schedule A/B</i> : <u>17.1</u>			
Brief description: <b>Checking account with Marquett Bank</b>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
Line from <i>Schedule A/B</i> : <u>17.2</u>			
Brief description: <b>Personal Injury Case pending</b> Attorney for client is Kathryn I. Conway, of Poer, Rogers & Smith, 70 W. Madison, 55th Floor, Chicago, IL 60602; Value is unknown: Debtor exempts \$15,000 and the balance of her personal property exemption of \$4,000 <b>(1st exemption claimed for this asset)</b>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$4,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(b)</b>
Line from <i>Schedule A/B</i> : <u>53</u>			
Brief description: <b>Personal Injury Case pending</b> Attorney for client is Kathryn I. Conway, of Poer, Rogers & Smith, 70 W. Madison, 55th Floor, Chicago, IL 60602; Value is unknown: Debtor exempts \$15,000 and the balance of her personal property exemption of \$4,000 <b>(2nd exemption claimed for this asset)</b>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$15,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>735 ILCS 5/12-1001(h)(4)</b>
Line from <i>Schedule A/B</i> : <u>53</u>			

**Fill in this information to identify your case:**

Debtor 1	<u>Carol</u> First Name	<u>J</u> Middle Name	<u>Loveless</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	--

2.1	Describe the property that secures the claim:  <u>Lvdag Lic</u> Creditor's name <u>c/o</u> Number Street <u>Ira T. Nevel</u>	\$140,000.00	\$82,000.00	\$58,000.00
-----	---	--------------	-------------	-------------

175 N. Frianklin St  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset)

**Mortgage**

**Who owes the debt?** Check one.  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates  
to a community debt

Date debt was incurred 2007 Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

\$140,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$140,000.00

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name	
Debtor 2	(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>				
Case number (if known)				

Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim	Priority amount	Nonpriority amount
\$3,850.00	\$3,850.00	\$0.00

2.1 Robert J. Adams & Associates

Priority Creditor's Name

901 W. Jackson, Suite 202

Number Street

Last 4 digits of account number

When was the debt incurred?

09/12/2016

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify

Attorney fees for this case

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim**

**4.1** **\$11,296.12**

**Academy Collection Service, Inc.** **Last 4 digits of account number** \_\_\_\_\_

Nonpriority Creditor's Name **10965 Decatur Road** **When was the debt incurred?** \_\_\_\_\_

Number Street \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Collecting For -**

**Philadelphia PA 19154-3210**

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

**\$218.00**

**4.2** **\$218.00**

**ACL Laboratories** **Last 4 digits of account number** \_\_\_\_\_

Nonpriority Creditor's Name **P.O BOX 27901** **When was the debt incurred?** \_\_\_\_\_

Number Street \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Medical**

**Wst Allis WI 53227**

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

Debtor 1 **Carol** J **Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.3** **\$6,000.00**

**Advocate Health Care**

Nonpriority Creditor's Name  
**2311 W. 22nd St., Ste. 300**

Number Street  
**Oak Brook, IL**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical**

**4.4**

**\$700.00**

**Advocate Medical Group**

Nonpriority Creditor's Name  
**701 Lee St.,**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Des Plaines IL 60016**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical**

**4.5**

**\$0.00**

**AFNI**

Nonpriority Creditor's Name  
**PO Box 3517**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Bloomington IL 61702-3517**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.6** **\$0.00**

**Aim Psychological**  
 Nonpriority Creditor's Name  
**6640 S. Cicero 4th flr**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Bedford Park IL 60638**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical**

Is the claim subject to offset?

- No
- Yes

**4.7** **\$1,233.06**

**AlliedInterstate**  
 Nonpriority Creditor's Name  
**P.O. Box 361474**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Columbus OH 43236-1474**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

Is the claim subject to offset?

- No
- Yes

**4.8** **\$23,166.90**

**ALW Sourcing, LLC**  
 Nonpriority Creditor's Name  
**1804 Washington Blvd**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Baltimore MD 21230**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -NCO Portfolio Management**

Is the claim subject to offset?

- No
- Yes

Debtor 1 **Carol** J **Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.9** **\$66.00**

**AMCA**  
 Nonpriority Creditor's Name  
**PO Box 1235**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Elmsford** **NY** **10523**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Collecting for -**

Is the claim subject to offset?

No  
 Yes

**4.10** **\$1,687.87**

**American Express**  
 Nonpriority Creditor's Name  
**PO Box 7871**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Ft. Lauderdale** **FL** **33329**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Credit Card**

Is the claim subject to offset?

No  
 Yes

**4.11** **\$2,000.00**

**AMITA HEALTH**  
 Nonpriority Creditor's Name  
**PO BOX 7001**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**BOLINGBROOK** **IL** **60440**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Medical**

Is the claim subject to offset?

No  
 Yes



Debtor 1 **Carol** J **Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.15**

**\$994.00**

**Cach LLC**  
 Nonpriority Creditor's Name  
**370 17th St., Ste. 5000**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Denver** CO **80202**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

Is the claim subject to offset?

- No
- Yes

**4.16**

**\$0.00**

**Caine & Weiner**  
 Nonpriority Creditor's Name  
**PO Box 5010**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Woodland Hills** CA **91365-5010**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

Is the claim subject to offset?

- No
- Yes

**4.17**

**\$1,125.91**

**Capital Management Services, Inc.**  
 Nonpriority Creditor's Name  
**726 Exchange St., Suite 700**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Buffalo** NY **14210**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

Is the claim subject to offset?

- No
- Yes

Debtor 1 **Carol** J **Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.18**

**\$1,019.02**

**Capital Management Services, Inc.**  
 Nonpriority Creditor's Name  
**726 Exchange St., Suite 700**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Buffalo** NY **14210**  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

**4.19**

**\$35.67**

**Cardiovascular Consultants**  
 Nonpriority Creditor's Name  
**2850 W. 95th St.**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Evergreen Park** IL **60805-2701**  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**medical**

**4.20**

**\$522.43**

**Cavalry Portfolio Servicing**  
 Nonpriority Creditor's Name  
**PO Box 27288**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Tempe** AZ **85282**  
 City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.21**

**\$140.00**

**Christ Medical Group**

Nonpriority Creditor's Name

**701 Lee St.**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Des Plaines IL 60016**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

**4.22**

**\$5.01**

**CMRE Financial Services, Inc.**

Nonpriority Creditor's Name

**3075 E. Imperial Hwy #200**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Brea CA 92821**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

**4.23**

**\$0.00**

**Coast 2 Coast Financial**

Nonpriority Creditor's Name

**101 Hodencamp Rd., Ste. 120**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Thousand Oaks CA 91360**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

Debtor 1 **Carol** J **Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$0.00**

**4.24**

**Coast 2 Coast Financial**

Nonpriority Creditor's Name

**101 Hodencamp Rd., Ste. 120**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **Thousand Oaks** State **CA** ZIP Code **91360**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

**4.25**

**\$315.00**

**Coast to coast financial**

Nonpriority Creditor's Name

**PO BOX**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **THOUSAND OAKS** State **CA** ZIP Code **91360**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

**4.26**

**\$559.36**

**Col/Debt Collection Systems**

Nonpriority Creditor's Name

**8 S. Michigan Ave, #618**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **Chicago** State **IL** ZIP Code **60603**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

Debtor 1 **Carol** J **Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.27**

**\$691.81**

**Col/Debt Collection Systems**  
 Nonpriority Creditor's Name  
**8 S. Michigan Ave, #618**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Chicago** IL **60603**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

Is the claim subject to offset?

- No
- Yes

**4.28**

**\$6,925.13**

**Collection Professionals, Inc.**  
 Nonpriority Creditor's Name  
**509 N. Laffayette**  
 Number Street  
**P.O. Box 401**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Macomb** IL **61455**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for**

Is the claim subject to offset?

- No
- Yes

**4.29**

**\$0.00**

**Collection Professionals, Inc.**  
 Nonpriority Creditor's Name  
**PO Box 841**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Joliet** IL **60434**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Other**

Is the claim subject to offset?

- No
- Yes

Debtor 1 **Carol** **J** **Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.30**

**\$400.00**

**Comcast**

Nonpriority Creditor's Name

**PO Box 3002**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Southeastern PA 19398**

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Other**

**4.31**

**\$283.23**

**ComEd**

Nonpriority Creditor's Name

**PO Box 6111**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Carol Stream IL 60197**

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Utility**

**4.32**

**\$383.00**

**Convergent Outsourcing**

Nonpriority Creditor's Name

**PO Box 9004**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Renton WA 98057**

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Collecting for -**

Debtor 1 **Carol** J **Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.33

**\$800.00**

**Cook County Health & Hospitals**

Nonpriority Creditor's Name

**PO Box 70121**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **Chicago** State **IL** ZIP Code **60673-5698**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

4.34

**\$80.00**

**Credit Collection Services**

Nonpriority Creditor's Name

**Two Wells Ave**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **Newton Center** State **MA** ZIP Code **02459**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting For -**

4.35

**\$116.00**

**Dependon Collection Se**

Nonpriority Creditor's Name

**Attn.Bankruptcy**

Number Street

**PO Box 4833**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **Oak Brook** State **IL** ZIP Code **60523**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Other**

Debtor 1 **Carol** J **Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.36** **\$12,000.00**

**Dr. Laura Schultz, PSY.D**  
 Nonpriority Creditor's Name  
**13 Fairlane rive**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Joliet** IL **60435**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

**4.37** **\$21,000.00**

**FCI LENDER SERVICES,INC**  
 Nonpriority Creditor's Name  
**PO BOX 27370**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**ANAHEIM** CA **92809**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

**4.38** **\$112.32**

**First National Collection Bureau, Inc.**  
 Nonpriority Creditor's Name  
**610 Waltham Way**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Sparks** NV **89434**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.39** **\$27,581.80**

**First National Collection Bureau, Inc.**

Nonpriority Creditor's Name

**610 Waltham Way**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

City **NV** ZIP Code **89434**

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

**4.40** **\$1,077.09**

**Full Circle Services, Inc.**

Nonpriority Creditor's Name

**PO Box 3388**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Other**

City **OK** ZIP Code **74101**

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

**4.41** **\$0.00**

**General Revenue**

Nonpriority Creditor's Name

**11501 N Lake Dr**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

City **OH** ZIP Code **45249**

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.42**

**\$17,900.82**

**Hilco Receivables**

Nonpriority Creditor's Name

**5 Revere Dr.**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Northbrook IL 60062**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

**4.43**

**\$596.00**

**ILLINOIS EMERGENCY MEDICINE**

Nonpriority Creditor's Name

**PO BOX 366**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**HINSDALE IL 60522**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

**4.44**

**\$0.00**

**International Medica Concepts**

Nonpriority Creditor's Name

**P.O.Box 250**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Levittown NY 11756-0250**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

Debtor 1 **Carol** J **Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.45**

**\$81.60**

**JOSEPH MANN & CREED**  
 Nonpriority Creditor's Name  
**20600 Chagrin Blvd, Ste 550**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Shaker Heights OH 44122**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Attorney Fees**

Is the claim subject to offset?

No  
 Yes

**4.46**

**\$0.00**

**Law Office of Joel Cardis, LLC**  
 Nonpriority Creditor's Name  
**2838 De Kalb Pike**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Norristown PA 19401**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Attorney for - Hirsch Funeral Homes**

Is the claim subject to offset?

No  
 Yes

**4.47**

**\$2,881.50**

**LAW OFFICE OF NEIL J. GREENE,LLC**  
 Nonpriority Creditor's Name  
**250 PARKWAY DR, STE 160**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**LINCOLNSHIRE IL 60069**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collecting for -**

Is the claim subject to offset?

No  
 Yes

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.48**

**\$4,129.44**

**Law Offices of Blatt, Hasenmiller, Leibske**

Nonpriority Creditor's Name

**125 S. Wacker Dr. Ste.400**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **Chicago** State **IL** ZIP Code **60606**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

**4.49**

**\$786.99**

**Law Offices of Mitchell N. Kay, P.C.**

Nonpriority Creditor's Name

**PO Box 2374**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **Chicago** State **IL** ZIP Code **60690**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

**4.50**

**\$0.00**

**Life Protect**

Nonpriority Creditor's Name

**3509 Virginia Beach Blvd**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **Virginia Beach** State **VA** ZIP Code **23452-4421**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$0.00**

4.51	<b>Linebarger Goggan Blair &amp; Sampson</b> Nonpriority Creditor's Name <b>233 S. Wacker Dr. Ste. 4030</b> Number Street  <b>Chicago IL 60606</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Attorney for -</b>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
4.52	<b>Little Company of Mary Hospital</b> Nonpriority Creditor's Name <b>2880 W. 87th St.</b> Number Street  <b>Chicago IL 60652-3831</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical</b>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
4.53	<b>LVNV Funding LLC</b> Nonpriority Creditor's Name <b>PO Box 740281</b> Number Street  <b>Houston TX 77274</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collecting for -</b>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.54**

**\$596.00**

**Mages & Price**

Nonpriority Creditor's Name

**707 Lake Cook Rd., Ste. 314**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Deerfield** **IL** **60015**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

**4.55**

**\$500.00**

**Malcolm S. Gerald and Associates, Inc.**

Nonpriority Creditor's Name

**332 S. Michigan Ave, Suite 514**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Chicago** **IL** **60604**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

**4.56**

**\$5,084.20**

**Management Services Incorporated**

Nonpriority Creditor's Name

**P.O.Box 1099**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Langhorne** **PA** **19047**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.57**

**\$596.00**

**Merchants Credit Guide**

Nonpriority Creditor's Name

**223 W Jackson Blvd**

Number Street

**Suite 900**

**Chicago IL 60606-6908**

City State ZIP Code

**Who incurred the debt?**

Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Last 4 digits of account number** \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

**4.58**

**\$0.00**

**Municipal Collections of American**

Nonpriority Creditor's Name

**3348 Ridge Rd**

Number Street

**Lansing IL 60438-3112**

City State ZIP Code

**Who incurred the debt?**

Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Last 4 digits of account number** \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

**4.59**

**\$17,900.82**

**NAFS**

Nonpriority Creditor's Name

**P.O.Box 9027**

Number Street

**Williamsville NY 14231**

City State ZIP Code

**Who incurred the debt?**

Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Last 4 digits of account number** \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.60**

**\$224.65**

**NCO Financial**

Nonpriority Creditor's Name

**507 Prudential Road**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

City **Horsham** State **PA** ZIP Code **19044**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

**4.61**

**\$629.99**

**NCO Financial Systems, Inc**

Nonpriority Creditor's Name

**PO Box 4924**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

City **Trenton** State **NJ** ZIP Code **08650**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

**4.62**

**\$37.39**

**Nicor Gas**

Nonpriority Creditor's Name

**PO Box 2020**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Utility**

City **Aurora** State **IL** ZIP Code **60507-2020**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Debtor 1 **Carol** J **Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.63

**\$1,150.90**

**Northland Group Inc.**

Nonpriority Creditor's Name

**PO Box 390846**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Minneapolis MN 55439-0846**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

4.64

**\$1,188.65**

**Northland Group Inc.**

Nonpriority Creditor's Name

**P.O.Box 390846**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Edina MN 55439**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

4.65

**\$156.00**

**PALOS MEDICAL GROUP**

Nonpriority Creditor's Name

**12251 S. 80TH AVE**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**PALOS HEIGHTS IL 60463**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Medical**

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.66**

**\$28,000.00**

**Pinniacle Credit Services**

Nonpriority Creditor's Name

Number Street

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Last 4 digits of account number** \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

**4.67**

**\$544.30**

**Plaza Associates**

Nonpriority Creditor's Name

**370 7th Ave**

Number Street

**NY NY 10001**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Last 4 digits of account number** \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for - a credit card company**

**4.68**

**\$725.00**

**Portfolio Recovery**

Nonpriority Creditor's Name

**120 Corporate Blvd., Ste. 1**

Number Street

**Norfolk VA 23502**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Last 4 digits of account number** \_\_\_\_\_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.69**

**\$50.88**

**Pulmonary & Critical Care Cons**

Nonpriority Creditor's Name

**PO Box 379**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **Orland Park** State **IL** ZIP Code **60462**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical**

**4.70**

**\$30.00**

**Quest Diagnostics**

Nonpriority Creditor's Name

**PO Box 7304**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **Hollister** State **MO** ZIP Code **65673-7304**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **medical**

**4.71**

**\$50.00**

**Radiology Imaging Consult**

Nonpriority Creditor's Name

**Dept. 77-9413**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

City **Chicago** State **IL** ZIP Code **60678-9413**

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **medical**

Debtor 1 **Carol** J **Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.72**

**\$0.00**

**Readers Digest**  
 Nonpriority Creditor's Name  
**PO Box 7823**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Red Oak** IA **51591-0823**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Other**

Is the claim subject to offset?

No  
 Yes

**4.73**

**\$214.00**

**REPUBLIC SERVICES #721**  
 Nonpriority Creditor's Name  
**PO BOX 9001154**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**LOUISVILLE** KY **40290**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Other**

Is the claim subject to offset?

No  
 Yes

**4.74**

**\$0.00**

**RMCB**  
 Nonpriority Creditor's Name  
**2269 South Saw Mill River Rd, Building 3**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Elmsford** NY **10523**  
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify  
**Collecting for -**

Is the claim subject to offset?

No  
 Yes

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**\$0.00**

**4.75**

**Seas & Associates**

Nonpriority Creditor's Name

**PO Box 15174**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Little Rock AR 72231**

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

**\$251.00**

**4.76**

**State Collection Service**

Nonpriority Creditor's Name

**PO Box 6250**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Madison WI 53701**

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

**\$136.35**

**4.77**

**State Collection Service**

Nonpriority Creditor's Name

**PO Box 6250**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Madison WI 53701**

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

**4.78**

**\$215.00**

**State Collection Service**

Nonpriority Creditor's Name

**PO Box 6250**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Madison WI 53701**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

**4.79**

**\$0.00**

**The Billing Center**

Nonpriority Creditor's Name

**P.O.Box 60001**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Tampa FL 33660-0001**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

**4.80**

**\$0.00**

**The New York Times**

Nonpriority Creditor's Name

**PO Box 371456**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**Pittsburgh PA 15250**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

**Type of NONPRIORITY unsecured claim:**

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Other**

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.81

**\$725.00**

**United Recovery Systems, Inc.**  
 Nonpriority Creditor's Name  
P.O.Box 722929  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

**Houston TX 77272-2929**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

4.82

**\$0.00**

**Village of Forest Park**  
 Nonpriority Creditor's Name  
517 Des Plaines Ave  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Parking Tickets**

**Forest Park IL 60130**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

4.83

**\$24,257.13**

**Vision Financial Corp**  
 Nonpriority Creditor's Name  
PO Box 900  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Collecting for -**

**Purchase NY 10577-0900**

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.84

**\$735.00**

**WAKEFIELD & ASSOCIATES, INC**  
Nonpriority Creditor's Name  
**PO BOX 58**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

**FORT MORGAN CO 80701**  
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify  
**Other**

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**American Medical Collection Agency** On which entry in Part 1 or Part 2 did you list the original creditor?

Name 2269 South Saw Mill River Rd, Building 3 Line 4.70 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
Number Street  Part 2: Creditors with Nonpriority Unsecured Claims

**Elmsford** **NY** **10523** Last 4 digits of account number \_\_\_\_\_  
City State ZIP Code

Debtor 1 **Carol** **J** **Loveless** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.  
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

	Total claim
<b>Total claims from Part 1</b>	
6a. Domestic support obligations	6a. <u>\$0.00</u>
6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$3,850.00</u>
6e. Total. Add lines 6a through 6d.	<u>\$3,850.00</u>

	Total claim
<b>Total claims from Part 2</b>	
6f. Student loans	6f. <u>\$0.00</u>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$254,601.94</u>
6j. Total. Add lines 6f through 6i.	<u>\$254,601.94</u>

**Fill in this information to identify your case:**

Debtor 1	<u>Carol</u> First Name	<u>J</u> Middle Name	<u>Loveless</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

**Official Form 106G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

**Person or company with whom you have the contract or lease**

**State what the contract or lease is for**

**Fill in this information to identify your case:**

Debtor 1	<u>Carol</u> First Name	<u>J</u> Middle Name	<u>Loveless</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

**Official Form 106H**

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- 1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)  
 No  
 Yes
- 2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  
 No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes
- 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

Schedule D, line \_\_\_\_\_

Schedule E/F, line 4.3

Schedule G, line \_\_\_\_\_

**Advocate Health Care**

Schedule D, line \_\_\_\_\_

Schedule E/F, line 4.36

Schedule G, line \_\_\_\_\_

**Dr. Laura Schultz, PSY.D**

**3.1 Spouse Name Not Entered**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**3.2 Spouse Name Not Entered**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Additional Page to List More Codebtors**

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.3**

**Spouse Name Not Entered**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Schedule D, line **2.1**

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

**Lvdag Lic**

**3.4**

**Spouse Name Not Entered**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line **2.1**

Schedule G, line \_\_\_\_\_

**Robert J. Adams & Associates**



Debtor 1	First Name	Middle Name	Last Name	Case number (if known)	
Carol	J		Loveless		
				<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here .....</b> ➔				4. <u>\$5,022.33</u>	<u>\$0.00</u>
<b>5. List all payroll deductions:</b>					
5a. Tax, Medicare, and Social Security deductions				5a. <u>\$1,122.33</u>	<u>\$0.00</u>
5b. Mandatory contributions for retirement plans				5b. <u>\$0.00</u>	<u>\$0.00</u>
5c. Voluntary contributions for retirement plans				5c. <u>\$0.00</u>	<u>\$0.00</u>
5d. Required repayments of retirement fund loans				5d. <u>\$0.00</u>	<u>\$0.00</u>
5e. Insurance				5e. <u>\$0.00</u>	<u>\$0.00</u>
5f. Domestic support obligations				5f. <u>\$0.00</u>	<u>\$0.00</u>
5g. Union dues				5g. <u>\$43.33</u>	<u>\$0.00</u>
5h. Other deductions. Specify: _____				5h. + <u>\$0.00</u>	<u>\$0.00</u>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.					
6. <u>\$1,165.66</u>				<u>\$0.00</u>	<u>\$0.00</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.					
7. <u>\$3,856.67</u>				<u>\$0.00</u>	<u>\$0.00</u>
<b>8. List all other income regularly received:</b>					
8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				8a. <u>\$0.00</u>	<u>\$0.00</u>
8b. Interest and dividends				8b. <u>\$0.00</u>	<u>\$0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				8c. <u>\$0.00</u>	<u>\$0.00</u>
8d. Unemployment compensation				8d. <u>\$0.00</u>	<u>\$0.00</u>
8e. Social Security				8e. <u>\$0.00</u>	<u>\$0.00</u>
8f. Other government assistance that you regularly receive  Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: _____				8f. <u>\$0.00</u>	<u>\$0.00</u>
8g. Pension or retirement income				8g. <u>\$0.00</u>	<u>\$0.00</u>
8h. Other monthly income. Specify: _____				8h. + <u>\$0.00</u>	<u>\$0.00</u>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.					
9. <u>\$0.00</u>				<u>\$0.00</u>	<u>\$0.00</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					
10. <u>\$3,856.67</u>				<u>\$0.00</u>	<u>= \$3,856.67</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.					
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.					
Specify: _____				11. + <u>\$0.00</u>	<u>\$0.00</u>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.					
12. <u>\$3,856.67</u>				<b>Combined monthly income</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>					
<input checked="" type="checkbox"/> No. <b>None.</b> <input type="checkbox"/> Yes. Explain: _____					

**Fill in this information to identify your case:**

Debtor 1	<b>Carol</b>	<b>J</b>	<b>Loveless</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b>			
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

No. Go to line 2.  
 Yes. **Does Debtor 2 live in a separate household?**  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

Do not state the dependents' names.

.....

.....

.....

.....

.....

.....

.....

.....

3. Do your expenses include expenses of people other than yourself and your dependents?

No  
 Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

	<b>Your expenses</b>
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.	4. <b>\$1,500.00</b>
If not included in line 4:	
4a. Real estate taxes	4a. _____
4b. Property, homeowner's, or renter's insurance	4b. _____
4c. Home maintenance, repair, and upkeep expenses	4c. _____
4d. Homeowner's association or condominium dues	4d. _____

Debtor 1	<u>Carol</u>	<u>J</u>	<u>Loveless</u>	Case number (if known)	_____
	First Name	Middle Name	Last Name		
<b><u>Your expenses</u></b>					
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans				5. _____
6.	<b>Utilities:</b>				
6a.	Electricity, heat, natural gas				6a. _____ <b>\$325.00</b>
6b.	Water, sewer, garbage collection				6b. _____
6c.	Telephone, cell phone, Internet, satellite, and cable services				6c. _____ <b>\$100.00</b>
6d.	Other. Specify: _____				6d. _____
7.	<b>Food and housekeeping supplies</b>				7. _____ <b>\$600.00</b>
8.	<b>Childcare and children's education costs</b>				8. _____
9.	<b>Clothing, laundry, and dry cleaning</b>				9. _____ <b>\$150.00</b>
10.	<b>Personal care products and services</b>				10. _____ <b>\$51.00</b>
11.	<b>Medical and dental expenses</b>				11. _____ <b>\$300.00</b>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.				12. _____ <b>\$250.00</b>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>				13. _____ <b>\$10.00</b>
14.	<b>Charitable contributions and religious donations</b>				14. _____ <b>\$110.00</b>
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.				
15a.	Life insurance				15a. _____
15b.	Health insurance				15b. _____
15c.	Vehicle insurance				15c. _____ <b>\$110.00</b>
15d.	Other insurance. Specify: _____				15d. _____
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____				16. _____
17.	<b>Installment or lease payments:</b>				
17a.	Car payments for Vehicle 1				17a. _____
17b.	Car payments for Vehicle 2				17b. _____
17c.	Other. Specify: <b>spouse's child support and mother's expe</b>				17c. _____ <b>\$200.00</b>
17d.	Other. Specify: _____				17d. _____
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>				18. _____
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____				19. _____

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property 20a. \_\_\_\_\_  
20b. Real estate taxes 20b. \_\_\_\_\_  
20c. Property, homeowner's, or renter's insurance 20c. \_\_\_\_\_  
20d. Maintenance, repair, and upkeep expenses 20d. \_\_\_\_\_  
20e. Homeowner's association or condominium dues 20e. \_\_\_\_\_

**21. Other.** Specify: \_\_\_\_\_ 21. + \_\_\_\_\_

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21. 22a. **\$3,706.00**  
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. 22b. \_\_\_\_\_  
22c. Add line 22a and 22b. The result is your monthly expenses. 22c. **\$3,706.00**

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. **\$3,856.67**  
23b. Copy your monthly expenses from line 22c above. 23b. - **\$3,706.00**  
23c. Subtract your monthly expenses from your monthly income.  
The result is your monthly net income. 23c. **\$150.67**

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:  
**None.**

**Fill in this information to identify your case:**

Debtor 1	<u>Carol</u> First Name	<u>J</u> Middle Name	<u>Loveless</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

**Official Form 106Sum**

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets**

**Your assets**  
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	<b>\$82,000.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<b>\$2,165.00</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	<b>\$84,165.00</b>

**Part 2: Summarize Your Liabilities**

**Your liabilities**  
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	<b>\$140,000.00</b>
---	---------------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<b>\$3,850.00</b>
---	-------------------

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	<b>+ \$254,601.94</b>
--	-----------------------

**Your total liabilities**

**\$398,451.94**

**Part 3: Summarize Your Income and Expenses**

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	<b>\$3,856.67</b>
---	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	<b>\$3,706.00</b>
---	-------------------

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

**\$2,305.83**

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**Total claim**

**From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	<b>\$0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<b>\$0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<b>\$0.00</b>
9d. Student loans. (Copy line 6f.)	<b>\$0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<b>\$0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+ \$0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$0.00</b>

Fill in this information to identify your case:

Debtor 1	<u>Carol</u> First Name	<u>J</u> Middle Name	<u>Loveless</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Carol J Loveless  
Carol J Loveless, Debtor 1

**X** \_\_\_\_\_  
Signature of Debtor 2

Date 09/22/2016  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1	<u>Carol</u> First Name	<u>J</u> Middle Name	<u>Loveless</u> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

**04/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

Married  
 Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?**

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of the current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$12,000.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the last calendar year:</b> (January 1 to December 31, <u>2015</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$67,000.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2014</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$65,000.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

No

Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

#### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

No

Yes. Fill in the details.

Robert J. Adams & Associates  
Person Who Was Paid

901 W. Jackson, Suite 202  
Number Street

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
---	-----------------------------------	-------------------

09/12/2016

Chicago IL 60607  
City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Debtor 1 **Carol J Loveless** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

No  
 Yes. Fill in the details.

#### **Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

---

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No  
 Yes. Fill in the details.

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No  
 Yes. Fill in the details.

#### **Part 9: Identify Property You Hold or Control for Someone Else**

---

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No  
 Yes. Fill in the details.

Debtor 1 **Carol** **J** **Loveless** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No  
 Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

No  
 Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No  
 Yes. Fill in the details.

### Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Debtor 1 Carol J Loveless Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Carol J Loveless  
Carol J Loveless, Debtor 1

**X** \_\_\_\_\_  
Signature of Debtor 2

Date 09/22/2016

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

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### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### Chapter 7: Liquidation

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\$245	filings fee
\$75	administrative fee
+	\$15 trustee surcharge
<hr/>	
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filings fee
+	\$550 administrative fee
<hr/>	
\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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### Chapter 12: Repayment plan for family farmers or fishermen

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\$200	filing fee
+	\$75 administrative fee
<hr/>	
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

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### Chapter 13: Repayment plan for individuals with regular income

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\$235	filing fee
+	\$75 administrative fee
<hr/>	
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

A married couple may file a bankruptcy case together--called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

In re **Carol J Loveless**

Case No. \_\_\_\_\_

Chapter **13** \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<b>\$3,850.00</b>
Prior to the filing of this statement I have received.....	<b>\$399.00</b>
Balance Due.....	<b>\$3,451.00</b>

2. The source of the compensation paid to me was:

Debtor  Other (specify)

3. The source of compensation to be paid to me is:

Debtor  Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

---

**09/22/2016**

*Date*

---

**/s/ Robert J. Adams & Associates**

*Robert J. Adams & Associates*

*Robert J. Adams & Associates*

*901 W. Jackson, Suite 202*

*Chicago, IL 60607*

*Phone: (312) 346-0100 / Fax: (312) 346-6228*

Bar No. 0013056

---

**/s/ Carol J Loveless**

*Carol J Loveless*

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: **Carol J Loveless**

CASE NO

CHAPTER **13**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 9/22/2016

Signature *Is/ Carol J Loveless*  
*Carol J Loveless*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Academy Collection Service, Inc.  
10965 Decatur Road  
Philadelphia, PA 19154-3210

ACL Laboratories  
P.O BOX 27901  
Wst Allis, WI 53227

Advocate Health Care  
2311 W. 22nd St., Ste. 300  
Oak Brook, IL

Advocate Medicai Group  
701 Lee St.,  
Des Plaines, IL 60016

AFNI  
PO Box 3517  
Bloomington, IL 61702-3517

Aim Psychological  
6640 S. Cicero 4th flr  
Bedford Park, IL 60638

AlliedInterstate  
P.O. Box 361474  
Columbus, OH 43236-1474

ALW Sourcing, LLC  
1804 Washington Blvd  
Baltimore, MD 21230

AMCA  
PO Box 1235  
Elmsford, NY 10523

American Express  
PO Box 7871  
Ft. Lauderdale, FL 33329

American Medical Collection Agency  
2269 South Saw Mill River Rd, Building 3  
Elmsford, NY 10523

AMITA HEALTH  
PO BOX 7001  
BOLINGBROOK, IL 60440

ARS National Services  
P.O box 463023  
Escondid, CA 92046-3023

Associated Recovery Systems  
PO Box 469046  
Escondido, CA 92046

Bonded Collections Corp.  
29 E. Madison St. Ste. 1650  
Chicago, IL 60601

Cach LLC  
370 17th St. , Ste. 5000  
Denver, CO 80202

Caine & Weiner  
PO Box 5010  
Woodland Hills, CA 91365-5010

Capital Management Services, Inc.  
726 Exchange St., Suite 700  
Buffalo, NY 14210

Cardiovascular Consultants  
2850 W. 95th St.  
Evergreen Park, IL 60805-2701

Cavalry Portfolio Servicing  
PO Box 27288  
Tempe, AZ 85282

Christ Medical Group  
701 Lee St.  
Des Plaines, IL 60016

CMRE Financial Services, Inc.  
3075 E. Imperial Hwy #200  
Brea, CA 92821

Coast 2 Coast Financial  
101 Hodencamp Rd., Ste. 120  
Thousand Oaks, CA 91360

Coast to coast financial  
PO BOX  
THOUSAND OAKS, CA 91360

Col/Debt Collection Systems  
8 S. Michigan Ave, #618  
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Collection Professionals, Inc.  
509 N. Laffayette  
P.O. Box 401  
Macomb, IL 61455

Collection Professionals, Inc.  
PO Box 841  
Joliet, IL 60434

Comcast  
PO Box 3002  
Southeastern, PA 19398

ComEd  
PO Box 6111  
Carol Stream, IL 60197

Convergent Outsourcing  
PO Box 9004  
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Credit Collection Services  
Two Wells Ave  
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Dependon Collection Se  
Attn.Bankruptcy  
PO Box 4833  
Oak Brook, IL 60523

Dr. Laura Schultz, PSY.D  
13 Fairlane rive  
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FCI LENDER SERVICES, INC  
PO BOX 27370  
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First National Collection Bureau, Inc.  
610 Waltham Way  
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PO Box 3388  
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c/o  
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Houston, TX 77274

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707 Lake Cook Rd., Ste. 314  
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Tampa, FL 33660-0001

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Pittsburgh, PA 15250

United Recovery Systems, Inc.  
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Village of Forest Park  
517 Des Plaines Ave  
Forest Park, IL 60130

Vision Finacial Corp  
PO Box 900  
Purchase, NY 10577-0900

WAKEFIELD & ASSOCIATES, INC  
PO BOX 58  
FORT MORGAN, CO 80701

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: **Carol J Loveless**

*Debtor*

SOCIAL SECURITY NO. **xxx-xx-6382**

CASE NO

CHAPTER **13**

**ORDER TO EMPLOYER TO PAY THE TRUSTEE**

UPON REPRESENTATIONS OF THE TRUSTEE, OR OTHER INTERESTED PARTIES, THE COURT FINDS THAT:

The above named debtor has pending in this Court a case for adjustment of debts by an individual with regular income under the provisions of Chapter 13 of Title 11 U.S.C. and pursuant to the provisions of said statute and of the debtor's plan, the debtor has submitted all of such portion of the debtor's future earnings or other future income to the supervision and control of the trustee of this Court as may be necessary for the execution of the debtor's plan; and

That under the provisions of Title 11 U.S.C., this Court has exclusive jurisdiction of all property including the earnings from such services performed by the debtor during the pendency of this case pursuant to 11 U.S.C. § 1325(b) any entity from whom the debtor receives income shall pay all or any part of such income to the trustee as may be ordered by this Court. A portion of the debtor's earnings are necessary for the execution of the debtor's plan.

NOW, THEREFORE, IT IS ORDERED that until further order of this Court or until notice that this case has been dismissed or converted to Chapter 7 of the Bankruptcy Code is received, the employer of said debtor

**Jackson Park Hospital  
7531 S. Stony Island  
Chicago, IL 60649**

shall deduct from the earnings of the debtor the sum of **\$69.24 bi-weekly** beginning on the next payday following the receipt of this order and deduct a similar amount for each pay period thereafter, including any period for which the debtor receives periodic or lump sum payment for or on account of vacation, termination or other benefits arising out of present or past employment of the debtor. Employer shall remit forthwith the sums so deducted to the trustee appointed here or his successor in interest as follows:

IT IS FURTHER ORDERED, that said employer notify said trustee if the employment of said debtor is terminated and the reason for such termination.

IT IS FURTHER ORDERED, that all earnings and wages of the debtor, except the amounts required to be withheld by the provisions of any laws of the United States, the laws of any state or political subdivision, or by an insurance pension or union dues agreement between employer and the debtor, or by the order of this Court be paid to the aforesaid debtor in accordance with employer's usual payroll procedure.

IT IS FURTHER ORDERED, that no deductions for account of any garnishment, wage assignment, credit union or other purpose not specifically authorized by this Court be made from the earnings of the debtor.

IT IS FURTHER ORDERED, that this order supersedes any and all previous orders, if any, made to the subject employer in this cause.

Date \_\_\_\_\_

\_\_\_\_\_  
**United States Bankruptcy Judge**

Academy Collection Service, Inc  
10965 Decatur Road  
Philadelphia, PA 19154-3210

American Medical Collection Age  
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Mages & Price  
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Deerfield, IL 60015

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Joliet, IL 60435

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Langhorne, PA 19047

FCI LENDER SERVICES, INC  
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Chicago, IL 60606-6908

First National Collection Burea  
610 Waltham Way  
Sparks, NV 89434

Law Offices of Mitchell N. Kay,  
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Chicago, IL 60690

Municipal Collections of Americ  
3348 Ridge Rd  
Lansing, IL 60438-3112

Full Circle Services, Inc.  
PO Box 3388  
Tulsa, OK 74101

Life Protect  
3509 Virginia Beach Blvd  
Virginia Beach, VA 23452-4421

NAFS  
P.O.Box 9027  
Williamsville, NY 14231

General Revenue  
11501 N Lake Dr  
Cincinnati, OH 45249

Linebarger Goggan Blair & Samp  
233 S. Wacker Dr. Ste. 4030  
Chicago, IL 60606

NCO Financial  
507 Prudential Road  
Horsham, PA 19044

Hilco Receivables  
5 Revere Dr.  
Northbrook, IL 60062

Little Company of Mary Hospital  
2880 W. 87th St.  
Chicago, IL 60652-3831

NCO Financial Systems, Inc  
PO Box 4924  
Trenton, NJ 08650

ILLINOIS EMERGENCY MEDICINE  
PO BOX 366  
HINSDALE, IL 60522

Lvdag Lic  
c/o  
Ira T. Nevel  
175 N. Frianklin St  
Ste 201

Nicor Gas  
PO Box 2020  
Aurora, IL 60507-2020

Northland Group Inc.  
PO Box 390846  
Minneapolis, MN 55439-0846

REPUBLIC SERVICES #721  
PO BOX 9001154  
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PALOS HEIGHTS, IL 60463

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NY, NY 10001

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PO Box 6250  
Madison, WI 53701

Portfolio Recovery  
120 Corporate Blvd., Ste. 1  
Norfolk, VA 23502

The Billing Center  
P.O.Box 60001  
Tampa, FL 33660-0001

Pulmonary & Critical Care Cons  
PO Box 379  
Orland Park, IL 60462

The New York Times  
PO Box 371456  
Pittsburgh, PA 15250

Quest Diagnostics  
PO Box 7304  
Hollister, MO 65673-7304

United Recovery Systems, Inc.  
P.O.Box 722929  
Houston, TX 77272-2929

Radiology Imaging Consult  
Dept. 77-9413  
Chicago, IL 60678-9413

Village of Forest Park  
517 Des Plaines Ave  
Forest Park, IL 60130

Readers Digest  
PO Box 7823  
Red Oak, IA 51591-0823

Vision Financial Corp  
PO Box 900  
Purchase, NY 10577-0900

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: Carol J Loveless

CASE NO

CHAPTER 13

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

**Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$82,000.00	\$140,000.00	\$0.00	\$0.00	\$0.00
3.	Motor vehicles (cars, etc.)	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7.	Electronics	\$300.00	\$0.00	\$300.00	\$0.00	\$300.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$400.00	\$0.00	\$400.00	\$400.00	\$0.00
12.	Jewelry	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13.	Non-farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Unlisted pers. and household items- incl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$5.00	\$0.00	\$5.00	\$0.00	\$5.00
17.	Deposits of money	\$460.00	\$0.00	\$460.00	\$0.00	\$460.00
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: Carol J Loveless

CASE NO

CHAPTER 13

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

*Continuation Sheet # 1*

**Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops--either growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$19,000.00	\$0.00
<b>TOTALS:</b>		<b>\$84,165.00</b>	<b>\$140,000.00</b>	<b>\$2,165.00</b>	<b>\$20,400.00</b>	<b>\$765.00</b>

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: Carol J Loveless

CASE NO

CHAPTER 13

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

*Continuation Sheet # 2*

**Surrendered Property:**

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description	Market Value	Lien	Equity
<b><u>Real Property</u></b>			
(None)			
<b><u>Personal Property</u></b>			
(None)			
<b>TOTALS:</b>	\$0.00	\$0.00	\$0.00

**Non-Exempt Property by Item:**

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
<b><u>Real Property</u></b>				
(None)				
<b><u>Personal Property</u></b>				
5 room house	\$300.00	\$300.00		\$300.00
Cash	\$5.00	\$5.00		\$5.00
Checking account	\$60.00	\$60.00		\$60.00
Checking account with Marquett Bank	\$400.00	\$400.00		\$400.00
<b>TOTALS:</b>	<b>\$765.00</b>	<b>\$0.00</b>	<b>\$765.00</b>	<b>\$765.00</b>

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: Carol J Loveless

CASE NO

CHAPTER 13

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

*Continuation Sheet # 3*

<b>Summary</b>	
A. Gross Property Value (not including surrendered property)	\$84,165.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$84,165.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$140,000.00
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$140,000.00
G. Total Equity (not including surrendered property) / (A-D)	\$2,165.00
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$2,165.00
J. Total Exemptions Claimed	\$20,400.00
K. Total Non-Exempt Property Remaining (G-J)	\$765.00

Academy Collection Service,  
Inc.  
10965 Decatur Road  
Philadelphia, PA 19154-3210

American Medical Collection  
Agency  
2269 South Saw Mill River Rd,  
Building 3  
Elmsford, NY 10523

Christ Medical Group  
701 Lee St.  
Des Plaines, IL 60016

ACL Laboratories  
P.O BOX 27901  
Wst Allis, WI 53227

AMITA HEALTH  
PO BOX 7001  
BOLINGBROOK, IL 60440

CMRE Financial Services, Inc.  
3075 E. Imperial Hwy #200  
Brea, CA 92821

Advocate Health Care  
2311 W. 22nd St., Ste. 300  
Oak Brook, IL

ARS National Services  
P.O box 463023  
Escondid, CA 92046-3023

Coast 2 Coast Financial  
101 Hodencamp Rd., Ste. 120  
Thousand Oaks, CA 91360

Advocate Medicai Group  
701 Lee St.,  
Des Plaines, IL 60016

Associated Recovery Systems  
PO Box 469046  
Escondido, CA 92046

Coast to coast financial  
PO BOX  
THOUSAND OAKS, CA 91360

AFNI  
PO Box 3517  
Bloomington, IL 61702-3517

Bonded Collections Corp.  
29 E. Madison St. Ste. 1650  
Chicago, IL 60601

Col/Debt Collection Systems  
8 S. Michigan Ave, #618  
Chicago, IL 60603

Aim Psychological  
6640 S. Cicero 4th flr  
Bedford Park, IL 60638

Cach LLC  
370 17th St. , Ste. 5000  
Denver, CO 80202

Collection Professionals, Inc.  
509 N. Laffayette  
P.O. Box 401  
Macomb, IL 61455

AlliedInterstate  
P.O. Box 361474  
Columbus, OH 43236-1474

Caine & Weiner  
PO Box 5010  
Woodland Hills, CA 91365-5010

Collection Professionals, Inc.  
PO Box 841  
Joliet, IL 60434

ALW Sourcing, LLC  
1804 Washington Blvd  
Baltimore, MD 21230

Capital Management Services,  
Inc.  
726 Exchange St., Suite 700  
Buffalo, NY 14210

Comcast  
PO Box 3002  
Southeastern, PA 19398

AMCA  
PO Box 1235  
Elmsford, NY 10523

Cardiovascular Consultants  
2850 W. 95th St.  
Evergreen Park, IL 60805-2701

ComEd  
PO Box 6111  
Carol Stream, IL 60197

American Express  
PO Box 7871  
Ft. Lauderdale, FL 33329

Cavalry Portfolio Servicing  
PO Box 27288  
Tempe, AZ 85282

Convergent Outsourcing  
PO Box 9004  
Renton, WA 98057

Cook County Health & Hospitals  
PO Box 70121  
Chicago, IL 60673-5698

International Medica Concepts  
P.O.Box 250  
Levittown, NY 11756-0250

LVNV Funding LLC  
PO Box 740281  
Houston, TX 77274

Credit Collection Services  
Two Wells Ave  
Newton Center, MA 02459

JOSEPH MANN &CREED  
20600 Chagrin Blvd, Ste 550  
Shaker Heights, OH 44122

Mages & Price  
707 Lake Cook Rd., Ste. 314  
Deerfield, IL 60015

Dependon Collection Se  
Attn.Bankruptcy  
PO Box 4833  
Oak Brook, IL 60523

Law Office of Joel Cardis. LLC  
2838 De Kalb Pike  
Norristown, PA 19401

Malcolm S. Gerald and  
Associates, Inc.  
332 S. Michigan Ave, Suite 514  
Chicago, IL 60604

Dr. Laura Schultz, PSY.D  
13 Fairlane rive  
Joliet, IL 60435

LAW OFFICE OF NEIL J.  
GREENE,LLC  
250 PARKWAY DR, STE 160  
LINCOLNSHIRE, IL 60069

Management Services  
Incorporated  
P.O.Box 1099  
Langhorne, PA 19047

FCI LENDER SERVICES, INC  
PO BOX 27370  
ANAHEIM, CA 92809

Law Offices of  
Blatt,Hasenmiller,Leibske  
125 S. Wacker Dr. Ste.400  
Chicago, IL 60606

Merchants Credit Guide  
223 W Jackson Blvd  
Suite 900  
Chicago, IL 60606-6908

First National Collection  
Bureau, Inc.  
610 Waltham Way  
Sparks, NV 89434

Law Offices of Mitchell N.  
Kay, P.C.  
PO Box 2374  
Chicago, IL 60690

Municipal Collections of  
American  
3348 Ridge Rd  
Lansing, IL 60438-3112

Full Circle Services, Inc.  
PO Box 3388  
Tulsa, OK 74101

Life Protect  
3509 Virginia Beach Blvd  
Virginia Beach, VA 23452-4421

NAFS  
P.O.Box 9027  
Williamsville, NY 14231

General Revenue  
11501 N Lake Dr  
Cincinnati, OH 45249

Linebarger Goggan Blair &  
Sampson  
233 S. Wacker Dr. Ste. 4030  
Chicago, IL 60606

NCO Financial  
507 Prudential Road  
Horsham, PA 19044

Hilco Receivables  
5 Revere Dr.  
Northbrook, IL 60062

Little Company of Mary  
Hospital  
2880 W. 87th St.  
Chicago, IL 60652-3831

NCO Financial Systems, Inc  
PO Box 4924  
Trenton, NJ 08650

ILLINOIS EMERGENCY MEDICINE  
PO BOX 366  
HINSDALE, IL 60522

Lvdag Lic  
c/o  
Ira T. Nevel  
175 N. Frianklin St  
Ste 201

Nicor Gas  
PO Box 2020  
Aurora, IL 60507-2020

Northland Group Inc.  
PO Box 390846  
Minneapolis, MN 55439-0846

REPUBLIC SERVICES #721  
PO BOX 9001154  
LOUISVILLE, KY 40290

WAKEFIELD & ASSOCIATES, INC  
PO BOX 58  
FORT MORGAN, CO 80701

Northland Group Inc.  
P.O.Box 390846  
Edina, MN 55439  
RMCB  
2269 South Saw Mill River Rd,  
Building 3  
Elmsford, NY 10523

PALOS MEDICAL GROUP  
12251 S. 80TH AVE  
PALOS HEIGHTS, IL 60463  
Robert J. Adams & Associates  
901 W. Jackson, Suite 202  
Chicago, IL 60607

Pinniacle Credit Services  
Seas & Associates  
PO Box 15174  
Little Rock, AR 72231

Plaza Associates  
370 7th Ave  
NY, NY 10001  
State Collection Service  
PO Box 6250  
Madison, WI 53701

Portfolio Recovery  
120 Corporate Blvd., Ste. 1  
Norfolk, VA 23502  
The Billing Center  
P.O.Box 60001  
Tampa, FL 33660-0001

Pulmonary & Critical Care Cons  
PO Box 379  
Orland Park, IL 60462  
The New York Times  
PO Box 371456  
Pittsburgh, PA 15250

Quest Diagnostics  
PO Box 7304  
Hollister, MO 65673-7304  
United Recovery Systems, Inc.  
P.O.Box 722929  
Houston, TX 77272-2929

Radiology Imaging Consult  
Dept. 77-9413  
Chicago, IL 60678-9413  
Village of Forest Park  
517 Des Plaines Ave  
Forest Park, IL 60130

Readers Digest  
PO Box 7823  
Red Oak, IA 51591-0823  
Vision Financial Corp  
PO Box 900  
Purchase, NY 10577-0900

**Robert J. Adams & Associates, Bar No. 0013056**  
**Robert J. Adams & Associates**  
**901 W. Jackson, Suite 202**  
**Chicago, IL 60607**  
**(312) 346-0100**  
**Attorney for the Petitioner**

**UNITED STATES BANKRUPTCY COURT FOR THE**

**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION (CHICAGO)**

In re: Carol J Loveless Case No.: SSN: xxx-xx-6382  
SSN: \_\_\_\_\_

Debtor(s) **Numbered Listing of Creditors**

Address: **4518 W. 89th St** Chapter: **13**  
**Hometown., IL 60456**

	Creditor name and mailing address	Category of claim	Amount of claim
1.	Academy Collection Service, Inc. 10965 Decatur Road Philadelphia, PA 19154-3210	Unsecured Claim	\$11,296.12
2.	ACL Laboratories P.O BOX 27901 Wst Allis, WI 53227	Unsecured Claim	\$218.00
3.	Advocate Health Care 2311 W. 22nd St., Ste. 300 Oak Brook, IL	Unsecured Claim	\$6,000.00
4.	Advocate Medicai Group 701 Lee St., Des Plaines, IL 60016	Unsecured Claim	\$700.00
5.	AFNI PO Box 3517 Bloomington, IL 61702-3517	Unsecured Claim	
6.	Aim Psychological 6640 S. Cicero 4th flr Bedford Park, IL 60638	Unsecured Claim	

in re: **Carol J Loveless**

	Debtor	Case No. (if known)	
	Creditor name and mailing address	Category of claim	Amount of claim
7.	AlliedInterstate P.O. Box 361474 Columbus, OH 43236-1474	Unsecured Claim	\$1,233.06
8.	ALW Sourcing, LLC 1804 Washington Blvd Baltimore, MD 21230	Unsecured Claim	\$23,166.90
9.	AMCA PO Box 1235 Elmsford, NY 10523	Unsecured Claim	\$66.00
10.	American Express PO Box 7871 Ft. Lauderdale, FL 33329	Unsecured Claim	\$1,687.87
11.	American Medical Collection Agency 2269 South Saw Mill River Rd, Building 3 Elmsford, NY 10523	Unsecured Claim	\$0.00
12.	AMITA HEALTH PO BOX 7001 BOLINGBROOK, IL 60440	Unsecured Claim	\$2,000.00
13.	ARS National Services P.O box 463023 Escondid,CA 92046-3023	Unsecured Claim	\$724.97
14.	Associated Recovery Systems PO Box 469046 Escondido, CA 92046	Unsecured Claim	\$250.56
15.	Bonded Collections Corp. 29 E. Madison St. Ste. 1650 Chicago, IL 60601	Unsecured Claim	\$646.99

in re: **Carol J Loveless**

	Debtor	Case No. (if known)	
	Creditor name and mailing address	Category of claim	Amount of claim
16.	Cach LLC 370 17th St. , Ste. 5000 Denver, CO 80202	Unsecured Claim	\$994.00
17.	Caine & Weiner PO Box 5010 Woodland Hills, CA 91365-5010	Unsecured Claim	
18.	Capital Management Services, Inc. 726 Exchange St., Suite 700 Buffalo, NY 14210	Unsecured Claim	\$1,125.91
19.	Capital Management Services, Inc. 726 Exchange St., Suite 700 Buffalo, NY 14210	Unsecured Claim	\$1,019.02
20.	Cardiovascular Consultants 2850 W. 95th St. Evergreen Park, IL 60805-2701	Unsecured Claim	\$35.67
21.	Cavalry Portfolio Servicing PO Box 27288 Tempe, AZ 85282	Unsecured Claim	\$522.43
22.	Christ Medical Group 701 Lee St. Des Plaines, IL 60016	Unsecured Claim	\$140.00
23.	CMRE Financial Services, Inc. 3075 E. Imperial Hwy #200 Brea, CA 92821	Unsecured Claim	\$5.01
24.	Coast 2 Coast Financial 101 Hodencamp Rd., Ste. 120 Thousand Oaks, CA 91360	Unsecured Claim	

in re: **Carol J Loveless**

	Debtor	Case No. (if known)	
	Creditor name and mailing address	Category of claim	Amount of claim
25.	Coast 2 Coast Financial 101 Hodencamp Rd., Ste. 120 Thousand Oaks, CA 91360	Unsecured Claim	
26.	Coast to coast financial PO BOX THOUSAND OAKS, CA 91360	Unsecured Claim	\$315.00
27.	Col/Debt Collection Systems 8 S. Michigan Ave, #618 Chicago, IL 60603	Unsecured Claim	\$559.36
28.	Col/Debt Collection Systems 8 S. Michigan Ave, #618 Chicago, IL 60603	Unsecured Claim	\$691.81
29.	Collection Professionals, Inc. 509 N. Laffayette P.O. Box 401 Macomb, IL 61455	Unsecured Claim	\$6,925.13
30.	Collection Professionals, Inc. PO Box 841 Joliet, IL 60434	Unsecured Claim	
31.	Comcast PO Box 3002 Southeastern, PA 19398	Unsecured Claim	\$400.00
32.	ComEd PO Box 6111 Carol Stream, IL 60197	Unsecured Claim	\$283.23
33.	Convergent Outsourcing PO Box 9004 Renton, WA 98057	Unsecured Claim	\$383.00

in re: **Carol J Loveless**

	Debtor	Case No. (if known)	
		Category of claim	Amount of claim
34.	Cook County Health & Hospitals PO Box 70121 Chicago, IL 60673-5698	Unsecured Claim	\$800.00
35.	Credit Collection Services Two Wells Ave Newton Center, MA 02459	Unsecured Claim	\$80.00
36.	Dependon Collection Se Attn.Bankruptcy PO Box 4833 Oak Brook, IL 60523	Unsecured Claim	\$116.00
37.	Dr. Laura Schultz, PSY.D 13 Fairlane rive Joliet, IL 60435	Unsecured Claim	\$12,000.00
38.	FCI LENDER SERVICES,INC PO BOX 27370 ANAHEIM, CA 92809	Unsecured Claim	\$21,000.00
39.	First National Collection Bureau, Inc. 610 Waltham Way Sparks, NV 89434	Unsecured Claim	\$112.32
40.	First National Collection Bureau, Inc. 610 Waltham Way Sparks, NV 89434	Unsecured Claim	\$27,581.80
41.	Full Circle Services, Inc. PO Box 3388 Tulsa, OK 74101	Unsecured Claim	\$1,077.09
42.	General Revenue 11501 N Lake Dr Cincinnati, OH 45249	Unsecured Claim	

in re: **Carol J Loveless**

	Debtor	Case No. (if known)	
	Creditor name and mailing address	Category of claim	Amount of claim
43.	Hilco Receivables 5 Revere Dr. Northbrook, IL 60062	Unsecured Claim	\$17,900.82
44.	ILLINOIS EMERGENCY MEDICINE PO BOX 366 HINSDALE, IL 60522	Unsecured Claim	\$596.00
45.	International Medica Concepts P.O.Box 250 Levittown, NY 11756-0250	Unsecured Claim	
46.	JOSEPH MANN &CREED 20600 Chagrin Blvd, Ste 550 Shaker Heights, OH 44122	Unsecured Claim	\$81.60
47.	Law Office of Joel Cardis, LLC 2838 De Kalb Pike Norristown, PA 19401	Unsecured Claim	
48.	LAW OFFICE OF NEIL J. GREENE,LLC 250 PARKWAY DR, STE 160 LINCOLNSHIRE, IL 60069	Unsecured Claim	\$2,881.50
49.	Law Offices of Blatt,Hasenmiller,Leibske 125 S. Wacker Dr. Ste.400 Chicago, IL 60606	Unsecured Claim	\$4,129.44
50.	Law Offices of Mitchell N. Kay, P.C. PO Box 2374 Chicago, IL 60690	Unsecured Claim	\$786.99
51.	Life Protect 3509 Virginia Beach Blvd Virginia Beach, VA 23452-4421	Unsecured Claim	

in re: **Carol J Loveless**

	Debtor	Case No. (if known)	
	Creditor name and mailing address	Category of claim	Amount of claim
52.	Linebarger Goggan Blair & Sampson 233 S. Wacker Dr. Ste. 4030 Chicago, IL 60606	Unsecured Claim	
53.	Little Company of Mary Hospital 2880 W. 87th St. Chicago, IL 60652-3831	Unsecured Claim	\$56.74
54.	Lvdag Lic c/o Ira T. Nevel 175 N. Frianklin St Ste 201	Secured Claim	\$140,000.00
55.	LVNV Funding LLC PO Box 740281 Houston, TX 77274	Unsecured Claim	\$20,013.34
56.	Mages & Price 707 Lake Cook Rd., Ste. 314 Deerfield, IL 60015	Unsecured Claim	\$596.00
57.	Malcolm S. Gerald and Associates, Inc. 332 S. Michigan Ave, Suite 514 Chicago, IL 60604	Unsecured Claim	\$500.00
58.	Management Services Incorporated P.O.Box 1099 Langhorne, PA 19047	Unsecured Claim	\$5,084.20
59.	Merchants Credit Guide 223 W Jackson Blvd Suite 900 Chicago, IL 60606-6908	Unsecured Claim	\$596.00
60.	Municipal Collections of American 3348 Ridge Rd Lansing, IL 60438-3112	Unsecured Claim	

in re: **Carol J Loveless**

	Debtor	Case No. (if known)	
	Creditor name and mailing address	Category of claim	Amount of claim
61.	NAFS P.O.Box 9027 Williamsville, NY 14231	Unsecured Claim	\$17,900.82
62.	NCO Financial 507 Prudential Road Horsham, PA 19044	Unsecured Claim	\$224.65
63.	NCO Financial Systems, Inc PO Box 4924 Trenton, NJ 08650	Unsecured Claim	\$629.99
64.	Nicor Gas PO Box 2020 Aurora, IL 60507-2020	Unsecured Claim	\$37.39
65.	Northland Group Inc. PO Box 390846 Minneapolis, MN 55439-0846	Unsecured Claim	\$1,150.90
66.	Northland Group Inc. P.O.Box 390846 Edina, MN 55439	Unsecured Claim	\$1,188.65
67.	PALOS MEDICAL GROUP 12251 S. 80TH AVE PALOS HEIGHTS, IL 60463	Unsecured Claim	\$156.00
68.	Pinnacle Credit Services	Unsecured Claim	\$28,000.00
69.	Plaza Associates 370 7th Ave NY, NY 10001	Unsecured Claim	\$544.30

in re: **Carol J Loveless**

	Debtor	Case No. (if known)	
	Creditor name and mailing address	Category of claim	Amount of claim
70.	Portfolio Recovery 120 Corporate Blvd., Ste. 1 Norfolk, VA 23502	Unsecured Claim	\$725.00
71.	Pulmonary & Critical Care Cons PO Box 379 Orland Park, IL 60462	Unsecured Claim	\$50.88
72.	Quest Diagnostics PO Box 7304 Hollister, MO 65673-7304	Unsecured Claim	\$30.00
73.	Radiology Imaging Consult Dept. 77-9413 Chicago, IL 60678-9413	Unsecured Claim	\$50.00
74.	Readers Digest PO Box 7823 Red Oak, IA 51591-0823	Unsecured Claim	
75.	REPUBLIC SERVICES #721 PO BOX 9001154 LOUISVILLE, KY 40290	Unsecured Claim	\$214.00
76.	RMCB 2269 South Saw Mill River Rd, Building 3 Elmsford, NY 10523	Unsecured Claim	
77.	Robert J. Adams & Associates 901 W. Jackson, Suite 202 Chicago, IL 60607	Priority Claim	\$3,850.00
78.	Seas & Associates PO Box 15174 Little Rock, AR 72231	Unsecured Claim	

in re: **Carol J Loveless**

	Debtor	Case No. (if known)	
	Creditor name and mailing address	Category of claim	Amount of claim
79.	State Collection Service PO Box 6250 Madison, WI 53701	Unsecured Claim	\$251.00
80.	State Collection Service PO Box 6250 Madison, WI 53701	Unsecured Claim	\$136.35
81.	State Collection Service PO Box 6250 Madison, WI 53701	Unsecured Claim	\$215.00
82.	The Billing Center P.O.Box 60001 Tampa, FL 33660-0001	Unsecured Claim	
83.	The New York Times PO Box 371456 Pittsburgh,PA 15250	Unsecured Claim	
84.	United Recovery Systems, Inc. P.O.Box 722929 Houston, TX 77272-2929	Unsecured Claim	\$725.00
85.	Village of Forest Park 517 Des Plaines Ave Forest Park, IL 60130	Unsecured Claim	
86.	Vision Finacial Corp PO Box 900 Purchase, NY 10577-0900	Unsecured Claim	\$24,257.13
87.	WAKEFIELD & ASSOCIATES,INC PO BOX 58 FORT MORGAN,CO 80701	Unsecured Claim	\$735.00

in re: **Carol J Loveless**

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Debtor

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Case No. (if known)

(The penalty for making a false statement or concealing property is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

**DECLARATION**

I, Carol J Loveless \_\_\_\_\_, named as debtor in this case, declare under penalty of perjury that I have read the foregoing *Numbered Listing of Creditors*,

consisting of 11 sheets (including this declaration), and that it is true and correct to the best of my information and belief.

Debtor: /s/ Carol J Loveless \_\_\_\_\_ Date: 9/22/2016  
**Carol J Loveless**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: **Carol J Loveless**

CASE NO.

CHAPTER **13**

**CERTIFICATE OF SERVICE**

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I, the undersigned, hereby certify that on September 22, 2016, a copy of the attached Chapter 13 Plan, with any attachments, was served on each party in interest listed below, by placing each copy in an envelope properly addressed, postage fully prepaid in compliance with Local Rules.

Date: 9/22/2016

/s/ Robert J. Adams & Associates

**Robert J. Adams & Associates**

Attorney for the Debtor(s)

Academy Collection Service, Inc.  
10965 Decatur Road  
Philadelphia, PA 19154-3210

Aim Psychological  
6640 S. Cicero 4th flr  
Bedford Park, IL 60638

American Medical Collection Agency  
2269 South Saw Mill River Rd, Building  
3  
Elmsford, NY 10523

ACL Laboratories  
P.O BOX 27901  
Wst Allis, WI 53227

AlliedInterstate  
P.O. Box 361474  
Columbus, OH 43236-1474

AMITA HEALTH  
PO BOX 7001  
BOLINGBROOK, IL 60440

Advocate Health Care  
2311 W. 22nd St., Ste. 300  
Oak Brook, IL

ALW Sourcing, LLC  
1804 Washington Blvd  
Baltimore, MD 21230

ARS National Services  
P.O box 463023  
Escondid,CA 92046-3023

Advocate Medicai Group  
701 Lee St.,  
Des Plaines, IL 60016

AMCA  
PO Box 1235  
Elmsford, NY 10523

Associated Recovery Systems  
PO Box 469046  
Escondido, CA 92046

AFNI  
PO Box 3517  
Bloomington, IL 61702-3517

American Express  
PO Box 7871  
Ft. Lauderdale, FL 33329

Bonded Collections Corp.  
29 E. Madison St. Ste. 1650  
Chicago, IL 60601

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)

IN RE: **Carol J Loveless**

CASE NO.

CHAPTER **13**

**CERTIFICATE OF SERVICE**

(Continuation Sheet #1)

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Cach LLC 370 17th St. , Ste. 5000 Denver, CO 80202	CMRE Financial Services, Inc. 3075 E. Imperial Hwy #200 Brea, CA 92821	ComEd PO Box 6111 Carol Stream, IL 60197
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Caine & Weiner PO Box 5010 Woodland Hills, CA 91365-5010	Coast 2 Coast Financial 101 Hodencamp Rd., Ste. 120 Thousand Oaks, CA 91360	Convergent Outsourcing PO Box 9004 Renton, WA 98057
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Capital Management Services, Inc. 726 Exchange St., Suite 700 Buffalo, NY 14210	Coast to coast financial PO BOX THOUSAND OAKS, CA 91360	Cook County Health & Hospitals PO Box 70121 Chicago, IL 60673-5698
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Cardiovascular Consultants 2850 W. 95th St. Evergreen Park, IL 60805-2701	Col/Debt Collection Systems 8 S. Michigan Ave, #618 Chicago, IL 60603	Credit Collection Services Two Wells Ave Newton Center, MA 02459
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Carol J Loveless 4518 W. 89th St Hometown, IL 60456	Collection Professionals, Inc. 509 N. Laffayette P.O. Box 401 Macomb, IL 61455	Dependon Collection Se Attn.Bankruptcy PO Box 4833 Oak Brook, IL 60523
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Cavalry Portfolio Servicing PO Box 27288 Tempe, AZ 85282	Collection Professionals, Inc. PO Box 841 Joliet, IL 60434	Dr. Laura Schultz, PSY.D 13 Fairlane rive Joliet, IL 60435
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Christ Medical Group 701 Lee St. Des Plaines, IL 60016	Comcast PO Box 3002 Southeastern, PA 19398	FCI LENDER SERVICES,INC PO BOX 27370 ANAHEIM, CA 92809
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UNITED STATES BANKRUPTCY COURT  
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IN RE: **Carol J Loveless**

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CHAPTER **13**

**CERTIFICATE OF SERVICE**

(Continuation Sheet #2)

First National Collection Bureau, Inc. 610 Waltham Way Sparks, NV 89434	Law Office of Joel Cardis. LLC 2838 De Kalb Pike Norristown, PA 19401	Lvdag Lic c/o Ira T. Nevel 175 N. Frianklin St Ste 201
Full Circle Services, Inc. PO Box 3388 Tulsa, OK 74101	LAW OFFICE OF NEIL J. GREENE,LLC 250 PARKWAY DR, STE 160 LINCOLNSHIRE, IL 60069	LVNV Funding LLC PO Box 740281 Houston, TX 77274
General Revenue 11501 N Lake Dr Cincinnati, OH 45249	Law Offices of Blatt,Hasenmiller,Leibske 125 S. Wacker Dr. Ste.400 Chicago, IL 60606	Mages & Price 707 Lake Cook Rd., Ste. 314 Deerfield, IL 60015
Hilco Receivables 5 Revere Dr. Northbrook, IL 60062	Law Offices of Mitchell N. Kay, P.C. PO Box 2374 Chicago, IL 60690	Malcolm S. Gerald and Associates, Inc. 332 S. Michigan Ave, Suite 514 Chicago, IL 60604
ILLINOIS EMERGENCY MEDICINE PO BOX 366 HINSDALE, IL 60522	Life Protect 3509 Virginia Beach Blvd Virginia Beach, VA 23452-4421	Management Services Incorporated P.O.Box 1099 Langhorne, PA 19047
International Medica Concepts P.O.Box 250 Levittown, NY 11756-0250	Linebarger Goggan Blair & Sampson 233 S. Wacker Dr. Ste. 4030 Chicago, IL 60606	Merchants Credit Guide 223 W Jackson Blvd Suite 900 Chicago, IL 60606-6908
JOSEPH MANN &CREED 20600 Chagrin Blvd, Ste 550 Shaker Heights, OH 44122	Little Company of Mary Hospital 2880 W. 87th St. Chicago, IL 60652-3831	Municipal Collections of American 3348 Ridge Rd Lansing, IL 60438-3112

UNITED STATES BANKRUPTCY COURT  
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IN RE: **Carol J Loveless**

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CHAPTER **13**

**CERTIFICATE OF SERVICE**

(Continuation Sheet #3)

NAFS P.O.Box 9027 Williamsville, NY 14231	Pinnacle Credit Services	REPUBLIC SERVICES #721 PO BOX 9001154 LOUISVILLE, KY 40290
NCO Financial 507 Prudential Road Horsham, PA 19044	Plaza Associates 370 7th Ave NY, NY 10001	RMCB 2269 South Saw Mill River Rd, Building 3 Elmsford, NY 10523
NCO Financial Systems, Inc PO Box 4924 Trenton, NJ 08650	Portfolio Recovery 120 Corporate Blvd., Ste. 1 Norfolk, VA 23502	Seas & Associates PO Box 15174 Little Rock, AR 72231
Nicor Gas PO Box 2020 Aurora, IL 60507-2020	Pulmonary & Critical Care Cons PO Box 379 Orland Park, IL 60462	State Collection Service PO Box 6250 Madison, WI 53701
Northland Group Inc. PO Box 390846 Minneapolis, MN 55439-0846	Quest Diagnostics PO Box 7304 Hollister, MO 65673-7304	The Billing Center P.O.Box 60001 Tampa, FL 33660-0001
Northland Group Inc. P.O.Box 390846 Edina, MN 55439	Radiology Imaging Consult Dept. 77-9413 Chicago, IL 60678-9413	The New York Times PO Box 371456 Pittsburgh, PA 15250
PALOS MEDICAL GROUP 12251 S. 80TH AVE PALOS HEIGHTS, IL 60463	Readers Digest PO Box 7823 Red Oak, IA 51591-0823	United Recovery Systems, Inc. P.O.Box 722929 Houston, TX 77272-2929

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION (CHICAGO)**

IN RE: **Carol J Loveless**

CASE NO.

CHAPTER **13**

**CERTIFICATE OF SERVICE**

(Continuation Sheet #4)

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Village of Forest Park  
517 Des Plaines Ave  
Forest Park, IL 60130

Vision Finacial Corp  
PO Box 900  
Purchase, NY 10577-0900

WAKEFIELD & ASSOCIATES,INC  
PO BOX 58  
FORT MORGAN,CO 80701